

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018062

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4275

FILED APR 23 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

2 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo. b. COUNTY St. Louis admission)

c. CITY

OR  
TOWN

University City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Jewish Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

8312 Fullerton

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JENNIE

PASKAL

4. DATE

OF

DEATH

Month

Day

Year

April 16, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/13/1889

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Roumania

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Wolff Schorr

## 13b. MOTHER'S MAIDEN NAME

Rachel (unk)

## 14. NAME OF HUSBAND OR WIFE

Nathan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

James Paskal 8312 Fullerton

## 18. CAUSE OF DEATH (Enter only one cause by

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Coronary arteriosclerotic Heart Disease  
4201

## INTERVAL BETWEEN

ONSET AND DEATH

7 mo

indistinct

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Bloody pericardial effusion

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☒

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

10/10/53

to 4/16/63

and last saw him alive on 4/16/63

Death occurred at

11:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Typed or printed name)

Mavis Ellet M.D.

## 22b. ADDRESS

3720 Washington Ave

## 22c. DATE SIGNED

4/17/63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Rem.

## 23b. DATE

4/18/1918

## 23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth

## 23d. LOCATION (City, town, or county)

University City, Mo.

## 24. FUNERAL DIRECTOR

Berger Memorial 4715

Pherson

## 25. DATE RECD. BY LOCAL REG.

APR 17 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lawrence J. Kozick*  
Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.